

APPLICATION FOR SINGLE-FAMILY DWELLING CERTIFICATION



Department of Professional and Financial Regulation
Office of Licensing and Registration

ELECTRICIANS' EXAMINING BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8457
Hearing Impaired: 1-888-577-6690
Webpage: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Single-Family Dwelling Certification

COMPLETING THE APPLICATION FORM – When applying for an inspection from a state electrical inspector follow these steps:

- Complete and submit this form with the \$50.00 fee to the Electricians' Examining Board. A certificate will be returned to the homeowner.
- Arrangements for **rough-in** inspection shall be made by the homeowner by contacting a State Electrical inspector at (207) 624-8519
- Upon successful completion of the rough-in inspection the homeowner will be allowed to cover the walls.
- Upon completion of the remainder of the electrical installation (switches, outlets, lights, etc) the homeowner will again contact the State Electrical Inspector for a final electrical inspection.
- Upon successful completion of the final electrical inspection by the State Electrical Inspector and a successful inspection of the service equipment, a number will be assigned to the homeowner for compliance with all NEC requirements. The homeowner will then be given a "Certificate of Approval" for his single-family dwelling.
- At this point, the utility company will be contacted by the appropriate State Electrical Inspector for authorization to energize the building.

There are no exceptions to the above listed procedure; however, if the homeowner desires, he/she can obtain the services of an appropriately licensed State of Maine electrician to take responsibility for the homeowner's work and sign off the dwelling.

If temporary service is required, the homeowner may obtain the services of an appropriately licensed State of Maine electrician to install a "Temporary" service away from, and in no way attached to, the dwelling unit. The electrician would be required to obtain a permit from the Electricians' Examining Board in accordance with 32 MRSA, Chapter 17, §1102-B-1.

Incomplete applications will be returned.

INFORMATION – Nothing in this Chapter may prevent a person from making electrical installations in a single-family residence occupied by him or to be occupied by him as his bona fide personal abode, providing the installation conforms with the standards of the National Electrical Code. Any electrical installations made under the authority of this paragraph, after July 1, 1987, in a newly constructed residence, shall require certification by a State or Local Inspector, Master Electrician or Limited Electrician in House Wiring prior to the activation of electricity by the utility company.

Please note: Time scheduling for inspections may vary

STATE OF MAINE ELECTRICAL INSPECTORS

Tel: (207) 624-8457 or 624-8635

Inspectors Voice Mail: (207) 624-8519

FEE IS NON-REFUNDABLE

SINGLE-FAMILY DWELLING APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8457 FAX: (207)624-8637
HEARING IMPAIRED: 1-888-577-6690
Location: 122 Northern Avenue, Gardiner, Maine

Office Use Only

Cash #: _____

Certification #: _____

4220-1441

INSPECTION FEE: \$50.00 (for inspection by a State Electrical Inspector)

PAYMENT OPTIONS:

☐

Check or Money Order Payable to "Treasurer State of Maine".

☐

Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA - - - Exp. Date ____/____/____ in the amount of \$_____. Signature _____

OWNER INFORMATION

Name: _____

Location/Street: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Tel. #: () _____ - _____ Time of Day at this #: _____

Work Tel. #: () _____ - _____ Time of Day at this #: _____

ACTUAL LOCATION OF DWELLING.

GIVE A WRITTEN DESCRIPTION OF THE EXACT LOCATION WHERE INSPECTION WILL OCCUR, SUCH AS TOWN, NAME OF ROAD, MAIL BOX NUMBER (YOURS OR NEAREST NEIGHBORS), POLE# NEXT TO BUILDING, ETC.

Location/Street: _____

Town/City _____

County: _____

Please list any additional directions: _____

Please list builder if other than owner:

Name: _____

Location/Street: _____

City: _____

State: _____

Zip Code: _____

County: _____